



## CHIP Extended Plan Mental Health Benefits for Children with a Serious Emotional Disturbance (SED)

### WHO'S ELIGIBLE?

- Child (up to 19 years old) must be CHIP enrolled
- Meets the SED definition as evidenced by an approved clinical assessment and social history

### WHAT ARE THE SERVICES? (Benefit table on reverse)

- **CHIP BASIC PLAN** mental health benefits includes pharmacy services, inpatient mental health services, therapeutic group home (including room and board) and individual and family psychotherapy office visits. There are limits on some of these services. Once the CHIP BASIC Plan limits are met on therapeutic group home and individual and family psychotherapy visits, additional services are available in those areas under the CHIP EXTENDED Plan if the child is SED approved. Note: **CHIP BASIC** services are billed through **BlueCHIP (BCBSMT)**.
- **CHIP EXTENDED PLAN** mental health benefits include other community based services, not covered under the CHIP BASIC Plan. These additional services include: therapeutic family care (moderate level); day treatment; community based psychiatric rehabilitation and support (CBPRS), and respite care. These benefits became available February 1, 2006. Note: **CHIP EXTENDED** services are billed through **Affiliated Computer Systems (ACS)**, unless a BlueCHIP denial is needed when the child meets the CHIP BASIC limits on psychotherapy visits and/or therapeutic group home services.

### HOW IS A CHILD DETERMINED ELIGIBLE FOR CHIP EXTENDED BENEFITS?

- **Completed clinical assessment and social history is sent to CHIP.**  
(CHIP, attn: SED Specialist, P O Box 202951, Helena, MT 59620)
- Department reviews assessment and make determination. Family and therapist are notified of decision: approved, denied, or more information is requested.
- SED assessments are only paid for CHIP enrolled children.

### WHEN DO SERVICES BEGIN?

- Once approved, the SED child can access the CHIP Extended Plan benefits as of the first of the following month. (Example: If the SED assessment is approved in March 2006, the child is eligible for CHIP Extended Plan benefits as of April 1, 2006.)
- "Benefit Year" is October 1 - September 30 for CHIP Extended Plan benefits

### WHAT ELSE DO I NEED TO KNOW?

- Comprehensive School & Community Treatment (CSCT) and case management are **not** covered. CHIP Extended Plan relies upon the mental health professional and the child's family coordinating services.
- Payment amount for services conform to the "Medicaid Mental Health and Mental Health Services Plan, Fee Schedule. (<http://www.dphhs.mt.gov/mentalhealth/children>)
- CHIP Extended Plan has no co-pays and there is no need for pre-authorization for services.

### FOR MORE INFO

- Contact CHIP @ 1-800-KidsNow (543-7669) or 444-6971 or FAX 1-877-418-4533 or [chip@mt.gov](mailto:chip@mt.gov)
- CHIP Extended Plan manual is available on our website, [www.chip.mt.gov](http://www.chip.mt.gov), under the "Provider" or "Family Resources" tabs.

## CHIP Mental Health Benefits

*All services must be medically necessary*

<b>Mental Health Benefit</b>	<b>CHIP Basic Plan Mental Health Benefits Services per Benefit Year<sup>1</sup> (Payments through BCBSMT)</b>	<b>CHIP Extended Plan<sup>2</sup> Mental Health Benefits Services per Benefit Year (Payments through ACS)</b>	<b>CHIP Extended Plan PROCEDURE CODES</b>
Pharmacy	Covered	-----	-----
Inpatient Hospitalization Partial Hospitalization <sup>3</sup> Residential Treatment Center	Covered 21 days per benefit year (or 42 partial days per benefit year)	No Additional Benefit	-----
Therapeutic Group Home (includes room & board)	Covered Counts towards the 21 days 'inpatient hospitalization'	Covered Additional 30 days	S 5145 With or Without Modifiers TG or TF
Therapeutic Family Care (moderate level – in child's home)	Not Covered Some limited exceptions apply	Covered 30 days	S 5145 With Modifier HR
Day Treatment	Not Covered	Covered 120 hours	H 2012 With Modifier HA
CBPRS Community Based Psychiatric Rehabilitation and Support	Not Covered	Covered 120 hours	H 2019
Psychotherapy Office Visits Individual and/or Family	Covered 20 visits Maximum of four visits may be for the family without the child	Covered Additional 30 individual and/or family office visits <sup>4</sup>	90801    90802 90804    90806 90810    90812 90846    90847
Respite Care	Not Covered	Covered 144 hours	S 5150 With Modifier HA
SED Clinical Assessment	Counts as one of the 20 individual psychotherapy office visits if limit isn't reached.	Counts as one of the 30 additional visits. A maximum of 2 assessments per benefit year are reimbursed, even if the youth is not determined to have SED <sup>5</sup>	90801 90802

**NOTE:** Under the CHIP Basic Plan, no limit is placed on CHIP insurance benefits for mental health services for children with the following diagnoses: schizophrenia, schizoaffective disorder, bipolar disorder, major depression, panic disorder, obsessive-compulsive disorder, and autism. Extended Plan limits apply to all children regardless of diagnosis.

### \* \* \* To obtain the SED determination \* \* \*

Current clinical information in the form of a psychological assessment with DSM-IV diagnosis (completed by a licensed psychologist, social worker, professional counselor), and social history is forwarded to the CHIP office. "Current" means completed or updated within the past 6 months. Department staff will determine if the youth meets the criteria for serious emotional disturbance pursuant to the SED definition set forth in ARM 37.86.3702(2).

<sup>1</sup> Benefit Year is October 1 through September 30

<sup>2</sup> Extended Plan provides additional mental health benefits, as listed in this table, for CHIP-enrolled children with a serious emotional disturbance (SED), who complete the SED approval process through CHIP.

<sup>3</sup> Use of partial hospitalization applies to inpatient hospital limit at the rate of two partial hospital days for one inpatient hospital day.

<sup>4</sup> The combined total of individual and/or family visits is limited to a total of 30 visits.

<sup>5</sup> CHIP staff prior approval is necessary to exceed limit of 2 assessments per benefit year.